

The RAF Association (RAFA)

Richard Peck House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Richard Peck House is owned by The Royal Air Force Association (RAFA). It provides short welfare breaks to service personnel and their relatives in a comfortable, hotel style environment. A number of places are available for people requiring help with personal care needs. There is easy access to a range of communal facilities. The sea front is within easy walking distance and public transport links are near by.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People staying at Richard Peck House told us they felt safe and were happy with their care. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and supported people in their care safely.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to stay. We found equipment had been serviced and maintained as required.

Staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. Staffing levels were observed to be sufficient to meet the needs of people staying at Richard Peck House.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Medication procedures observed were safe and people received their medicines as prescribed. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when one person had experienced health problems. This included arranging a visit from a local GP. The person told us they were happy with how the service had responded on their behalf.

People told us staff were caring towards them. The staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The registered manager had information with regards to support from an external advocate should this be required by people during their stay at Richard Peck House.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified the care and support people required during their stay at Richard Peck House. We found they were informative about care people had received.

The service had a complaints procedure which was made available to people during their stay at Richard Peck House. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and guest surveys to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Richard Peck House

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 06 June 2017 and was announced. The provider was given 24 hours' notice because the location provides short welfare breaks for people who are often out during the day; we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert- by-experience had a background dealing with older people.

We spoke with a range of people about the service. They included four people staying at Richard Peck House, the registered manager and four staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training and supervision records of three staff and

arrangements for meal provision. We also looked at records relating to the management of the Richard Peck House and the medication records of one person. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to stay.

Is the service safe?

Our findings

People staying at Richard Peck House told us they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "Yes I feel safe here because they are looking after me." And, "Knowing the staff are here to help me makes me feel safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us they understood their responsibility to report any concerns they may observe. There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at Richard Peck House when our inspection visit took place.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people staying at Richard Peck House.

When we undertook our inspection visit one person was being supported with their medicines. We saw their medicines had been checked on their arrival at Richard Peck House, given as prescribed and stored correctly. We observed one staff member administering the person's medicines during the lunch time round. The medication trolley was locked securely whilst attending the person. We saw the person was sensitively assisted as required and their medicines were signed for after they had been administered. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

We looked around the building and found it was clean, tidy and maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Prior to their stay at Richard Peck House people or a family member completed a pre-admission assessment form documenting their care needs and the support they required. The staff we spoke with confirmed they were fully aware of the care needs and support people required when they arrived at Richard Peck House. Comments from people being supported included, "I have been well looked after during my stay." And, "Very happy with how things have gone."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included one person who required a soft diet as they experienced swallowing difficulties. Comments received from people about meals provided at Richard Peck House included, "I like the food, there's a set menu. but there are alternatives." And, "The food is good and we are provided with a choice. I get enough to eat."

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. We saw the service had responded promptly when one person had experienced health problems. This included arranging a visit from a local GP who prescribed medication. The person told us they were happy with how the service had responded on their behalf.

We looked at the building and found it was appropriate for the care and support provided. There was a lift that serviced all floors and all rooms to ensure they could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

People staying at Richard Peck House told us they were happy and well cared for. They told us staff were caring and respectful towards them. Comments received included, "The staff are very approachable, very helpful and we have a bit of conversation." And, "The staff are very obliging and polite."

Staff we spoke with demonstrated a kind attitude towards the people in their care. They showed a commitment to person centred care and ensuring people expressed their views about how they wanted their support delivered. They were motivated to ensure people who stayed at Richard Peck House experienced the best standard of care possible.

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for and dressed appropriately. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "I am enjoying my stay here. The staff have been very kind and I find them helpful."

We looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines.

We spoke with the registered manager about access to advocacy services. should people require their guidance and support. The registered manager had information with regards to support from an external advocate should this be required by people during their stay at Richard Peck House.

Is the service responsive?

Our findings

People staying at Richard Peck House told us they received a personalised service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Three care plans we looked at were detailed and clear about support needs of people and how they wanted their care delivered. One person said, "Happy with my care. The staff are friendly and stop to talk with us."

The service had a complaints procedure which was made available to people on their admission to Richard Peck House. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. When we undertook our inspection visit the service had received one formal complaint. This had been investigated by the registered manager and there was clear evidence the service had apologised to the complainant and made an attempt to resolve the issues raised. People staying at Richard Peck House during our inspection visit told us they were happy and had nothing to complain about.

The service organised a range of activities to keep people entertained. People told us they continued with their interests during their stay at Richard Peck House and there were frequent trips out organised for them. Entertainment was arranged for Saturday and Sunday evenings. One person said, "It's the biggest part going out on trips. We have been to the park which was nice. We have also been to Blackpool and Cleveleys which I really enjoyed."

The service had considered good practice guidelines when managing people's health needs. For example, we saw the registered manager had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person. This included information about whether a person had a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR). The documentation also included information about people's mobility, skin integrity, dietary and communication needs and medication.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager and care team leaders who undertook some management tasks including administering medication. The registered manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, medication, infection control and fire prevention. This helped to ensure people were staying in a safe environment.

We saw written records confirming departmental meetings were held by the service for management, care, domestic and catering staff each month. We looked at the minutes of a recent care team meeting and saw topics relevant to the running of the service had been discussed. These included dementia and first aid training, duty rotas and asking staff to treat colleagues with respect as well as people staying at Richard Peck House.

Guest satisfaction surveys had been completed by people who had stayed at Richard Peck House providing their views about the service. We saw people said they were satisfied with staff attitudes, entertainment provided and the standard of food. Comments received included, 'We would like to say a big thank you for looking after us so well. All staff were supportive and nothing was too much trouble for them.' And, 'Thank you so much for looking after me. When I wasn't well the care was 5 stars. The carer on duty stayed with me all night.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.